FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	1	
1 Offile 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Examp is changed) over the	ole: If typying, type e lines 12FE4M5	5
MCKESSON C	ORPORATION EMPLOYEES POLITICAL F	UND	
ADDRESS (number and s	ONE POST STREET, 32nd Flor	or 	
(Check if address is changed)			
	SAN FRANCISCO	CA CA	94101   -
	CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail address	s)	
(Check if address is changed)	maribel.mallari@mckesson.co	om 	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address	1		
is changed)			
2. DATE 1.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	C C0010	08035	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and b	belief it is true, correct and complete	
,	, c	, ,	
Type or Print Name of	reasurer Frank Starn		
Signature of Treasurer	Electronically Filed by Frank Starn	Date 1	2
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the ANY CHANGE IN INFORMATION SHOL		
Office Use Only	Fe	or further information contact: ederal Election Commission oll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)